

Complete Summary

GUIDELINE TITLE

Summary of recommendations for clinical preventive services.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Revision 6.8. Leawood (KS): American Academy of Family Physicians (AAFP); 2009 Apr. 15 p.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Revision 6.7. Leawood (KS): American Academy of Family Physicians (AAFP); 2008 Oct. 15 p.

COMPLETE SUMMARY CONTENT

SCOPE
 METHODOLOGY - including Rating Scheme and Cost Analysis
 RECOMMENDATIONS
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SCOPE

DISEASE/CONDITION(S)

General Health

GUIDELINE CATEGORY

Counseling
 Prevention
 Screening

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Obstetrics and Gynecology
Pediatrics
Preventive Medicine

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To provide recommendations on practices that should be offered (Strongly Recommended and Recommended), those that should not be done (Recommend Against), those considered an option (No Recommendation Either For or Against), and those with Insufficient Evidence to Recommend Either For or Against for clinical preventive services, and to identify healthy behavior that is desirable but for which the effectiveness of physician's advice and counseling is uncertain

TARGET POPULATION

- **General Population:** Those persons who are asymptomatic and not known to be at any increased risk except based on their gender, age, or for specific parameters that apply to substantial groups within the general population
- **Specific Populations:** Those persons whose health behaviors, living environment, medical history, or factors other than gender or age place them at high risk

Note: These guidelines are *not* intended for patients who have signs and/or symptoms relating to a particular condition.

INTERVENTIONS AND PRACTICES CONSIDERED

Note from the National Guideline Clearinghouse (NGC): Due to insufficient evidence, not all interventions listed below are recommended. See the original guideline document for more information.

Clinical Preventive Services, Including Screening and/or Counseling or Immunization

1. Screening specified populations for abdominal aortic aneurysm
2. Counseling parents and patients more than 2 years old regarding accidental injury prevention
3. Screening and counseling specified populations regarding alcohol misuse
4. Screening specified population for asymptomatic bacteriuria
5. Screening for bacterial vaginosis in pregnant women
6. Behavioral counseling to prevent sexually transmitted infections
7. Screening for bladder cancer in adults

8. Counseling and screening women 40 years and older for breast cancer with mammography
9. Teaching or performing routine breast self-examination
10. Referring specified female population for genetic counseling and evaluation for BRCA testing
11. Counseling parents of infants regarding breastfeeding
12. Screening adults and children for cardiac disease with electrocardiogram (ECG)
13. Screening general adult population for asymptomatic carotid artery stenosis (CAS)
14. Screening women for cervical cancer with Pap smear
15. Screening specified populations for chlamydia
16. Screening specified populations for colorectal cancer using fecal occult blood testing, sigmoidoscopy, colonoscopy, computed tomography colonography, or fecal DNA testing
17. Counseling on use of aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) to prevent colorectal cancer in average risk individuals
18. Screening newborns for congenital hypothyroidism (CH)
19. Screening women of childbearing potential for congenital rubella syndrome by history, serology, or vaccination
20. Counseling adults at risk for cardiovascular disease regarding aspirin prophylaxis
21. Screening for coronary heart disease with electrocardiography, exercise treadmill test, or electron-beam computerized tomography
22. Providing fluoride supplementation to prevent dental caries in specified populations
23. Screening for depression in specified population
24. Screening specified populations for type 2 diabetes
25. Immunizing children and adults for diphtheria
26. Screening infants for dysplasia of the hip
27. Screening for family violence and intimate partner violence
28. Screening for genital herpes simplex virus infection (culture, serology)
29. Screening for glaucoma
30. Ordering ocular prophylaxis for gonococcal infection in neonates
31. Screening for gonorrhea in specified populations
32. Immunizing specified population for *Haemophilus influenza* type B disease
33. Behavioral dietary counseling for specified populations
34. Screening and counseling specified population regarding hearing difficulties
35. Screening newborns for hearing loss sensorineural (SNHL)
36. Screening for hereditary hemochromatosis
37. Screening neonates for hemoglobinopathies, phenylketonuria (PKU), and thyroid function abnormalities
38. Immunizing specified populations for hepatitis A
39. Immunizing specified populations for hepatitis B
40. Screening specified populations for hepatitis B virus
41. Screening for hepatitis C virus
42. Screening specified populations for high blood pressure
43. Screening specified populations for human immunodeficiency virus (HIV) infection
44. Hormone replacement therapy in postmenopausal women
45. Screening specified populations for illicit drug use
46. Immunizing identified populations for influenza

47. Screening for insulin dependent diabetes mellitus using immune marker screening
48. Screening specified populations for iron deficiency anemia
49. Screening specified populations for lead poisoning
50. Screening specified populations for lipid disorders
51. Screening for lung cancer with x-ray and/or sputum cytology
52. Immunizing children for measles
53. Immunizing specified populations for measles, mumps, rubella
54. Immunizing children for mumps
55. Immunizing specific populations for meningococcal disease
56. Folic acid supplementation in specified female population to prevent neural tube defects
57. Screening and counseling for obesity
58. Screening for oral cancer
59. Screening specified populations for osteoporosis
60. Counseling specified populations regarding calcium intake as prevention for osteoporosis
61. Screening for ovarian cancer
62. Screening for pancreatic cancer using abdominal palpation, ultrasound, or serological markers
63. Screening for peripheral arterial disease (PAD)
64. Immunizing children for pertussis
65. Screening neonates for phenylketonuria
66. Counseling individuals regarding importance of physical activity
67. Immunizing specified populations for pneumococcal disease
68. Immunizing children for poliomyelitis
69. Screening for prostate cancer
70. Screening for chronic obstructive pulmonary disease (COPD) using spirometry
71. Rh (D) blood typing and antibody testing for pregnant women
72. Immunizing children for rubella
73. Screening for idiopathic scoliosis in adolescents
74. Counseling parents with children in the house regarding second hand smoke
75. Screening newborns for sickle cell disease
76. Screening for skin cancer
77. Screening for speech and language delay in preschool children
78. Screening specified populations for syphilis
79. Screening for testicular cancer
80. Immunizing for tetanus
81. Screening for thyroid cancer using ultrasound
82. Screening for thyroid disease
83. Screening neonates for thyroid function abnormalities
84. Screening specified populations for tobacco use and providing smoking cessation counseling
85. Screening specified individuals for tuberculosis using the Mantoux test
86. Screening specified populations for vaginal cancer with the use of pap smears
87. Immunizing specified populations for varicella
88. Screening specified populations for visual difficulties and impairment
89. Vitamin supplementation (A, C, E, beta-carotene; multivitamins with folic acid; or antioxidant combinations) for prevention of cancer or cardiovascular disease

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Balance Sheets

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The starting point for the recommendations is the rigorous analysis of the scientific knowledge available as presented by the U.S. Preventive Services Task Force (USPSTF) in their *Guide to Clinical Preventive Services, 2nd Edition* and ongoing releases of evidence reports and recommendations from the *3rd Edition*. The Recommendations for Clinical Preventive Services was developed with some consideration of overall cost and patient preferences. Costs were not specifically calculated but were estimated to include broad economic impact and opportunity costs. Patient preferences were also not explicitly stated; however, the Working Group on Clinical Preventive Services, the Commission on Health of the Public and

Science (CHPS), and the American Academy of Family Physicians (AAFP) Board of Directors served as surrogates.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

The strength of the recommendation for or against a preventive intervention was graded as follows:

Strongly Recommend (SR): Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

Recommend (R): Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only fair. The intervention is perceived to be cost effective and acceptable to most patients.

No Recommendation Either For or Against (NR): Either good or fair evidence exists of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

Recommend Against (RA): Good or fair evidence which demonstrates no net benefit over harm.

Insufficient Evidence to Recommend Either For or Against (I): No evidence of even fair quality exists or the existing evidence is conflicting.

Healthy Behavior (I-HB) is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The American Academy of Family Physicians (AAFP) Summary of Recommendations for Clinical Preventive Services (RCPS), formerly Summary of Policy for Periodic Health Examinations (RPHE), originated in the Commission on Health of the Public Science (CHPS) and was approved by the Board of Directors in April 2009. The CHPS and the Board of Directors decided that "clinical preventive services" would be more reflective of the recommendations and their intent. Older revisions of the RPHE were approved by the Board in November 1996 (Rev. 1), July 1997 (Rev. 2), March 1999 (Rev. 3), July 2000 (Rev. 4), August 2001 (Rev. 5), July 2002 (Rev. 5.2), August 2002 (Rev. 5.3), August 2003 (Rev. 5.4), July 2004 (Rev. 5.5), August 2004 (Rev. 5.6), April 2005 (Rev. 5.7),

August 2005, April 2006 (Rev. 6.1), August 2006 (Rev. 6.2), March 2007 (Rev.6.3), August 2007 (Rev. 6.4), March 2008 (Rev. 6.5), August 2008 (Rev. 6.6), and October 2008 (Rev. 6.7).

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The rating scheme for the strength of the recommendation for or against a preventive intervention follows the "Major Recommendations" field.

Note from the National Guideline Clearinghouse (NGC): The following recommendations were current as of May 1, 2009. However, because the American Academy of Family Physicians (AAFP) updates their guidance frequently, users may wish to consult the [AAFP Web site](#) for the most recent version of the Summary of Recommendations for Clinical Preventive Services.

Summary of Recommendations for Clinical Preventive Services

Abdominal Aortic Aneurysm

The American Academy of Family Physicians (AAFP) *recommends* one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 years who have ever smoked. (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)

The AAFP makes *no recommendation for or against* screening for abdominal aortic aneurysm in men aged 65 to 75 years who have never smoked. (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)

The AAFP *recommends against* routine screening for abdominal aortic aneurysm in women. (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)

Accidental Injury

The AAFP *recommends* counseling all parents and patients more than 2 years old regarding accidental injury prevention including, as appropriate: child safety seats, lap and shoulder belt use, bicycle safety, motorcycle helmet use, smoke detectors, poison control center number, and driving while intoxicated.

Alcohol Misuse

The AAFP *recommends* screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf/uspdsdrin.htm>)

The AAFP *recognizes* avoidance of alcohol products by adolescents is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf/uspssdrin.htm>)

Bacteriuria, Asymptomatic

The AAFP *strongly recommends* screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at first prenatal visit, if later. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf/uspssbact.htm>)

The AAFP *recommends against* the routine screening for asymptomatic bacteriuria in men and nonpregnant women. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf/uspssbact.htm>)

Bacterial Vaginosis

The AAFP *recommends against* screening for bacterial vaginosis in asymptomatic pregnant women at low risk for preterm delivery. (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical)

The AAFP concludes that *the current evidence is insufficient* to assess the balance of benefits and harms of screening for bacterial vaginosis in asymptomatic pregnant women at high-risk for preterm delivery. (Clinical Considerations: <http://www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical>)

Behavioral Counseling to Prevent Sexually Transmitted Infections

The AAFP *recommends* high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical>)

The AAFP *concludes* that the *current evidence is insufficient* to assess the balance of *benefits and harms* of behavioral counseling to prevent STIs in non-sexually active adolescents and in adults not at increased risk for STIs. (Clinical Considerations: <http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical>)

Bladder Cancer

The AAFP *recommends against* routine screening for bladder cancer in adults. (Clinical Considerations: <http://www.ahrq.gov/clinic/uspstf/uspssblad.htm>)

Breast Cancer

The AAFP *recommends* women age 40 years and older be screened for breast cancer with mammography every 1 to 2 years after counseling by their family physician regarding the potential risks and benefits of the procedure (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssbrca.htm)

The AAFP concludes that *the evidence is insufficient to recommend for or against* teaching or performing routine breast self-examination (BSE). (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsbrca.htm)

Breast Cancer/Breast Cancer Susceptibility Gene (BRCA) Mutation Testing

The AAFP *recommends* that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)

The AAFP *recommends against* routine referral for genetic counseling or routine BRCA testing for women whose family history is not associated with increased risk for deleterious mutations in BRCA1 or BRCA2. (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)

Breastfeeding

The AAFP *recommends* interventions during pregnancy and after birth to promote and support breastfeeding. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf08/breastfeeding/brfeedrs.htm#clinical>)

(For Definition of Interventions:
<http://www.ahrq.gov/clinic/uspstf/gradespost.htm>)

Cardiac Disease

The AAFP *recommends against* the use of routine electrocardiogram (ECG) as part of a periodic health or preparticipation physical exam for cardiac disease in asymptomatic children and adults.

Carotid Artery Stenosis

The AAFP *recommends against* screening for asymptomatic carotid artery stenosis (CAS) in general adult populations. (Clinical Consideration: www.ahrq.gov/clinic/uspstf07/cas/casrs.htm#clinical)

Cervical Cancer

The AAFP concludes that there is *insufficient evidence to recommend for or against* routine use of new technologies to screen for cervical cancer. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical)

The AAFP concludes that there is *insufficient evidence to recommend for or against* routine use of human papillomavirus (HPV) testing as a primary screening test for cervical cancer. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical)

The AAFP *strongly recommends* that a Pap smear be completed at least every 3 years to screen for cervical cancer for women who have ever had sex and have a

cervix. (Clinical Considerations:
www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical)

Chlamydia

The AAFP *strongly recommends* screening for chlamydia infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk. (Clinical Considerations:
www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)

The AAFP *recommends against* routinely providing screening for chlamydia infection for women aged 25 and older whether or not they are pregnant, if they are not at increased risk. (Clinical Considerations:
www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)

The AAFP *recommends* screening for chlamydia infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk. (Clinical Considerations:
www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)

The AAFP *concludes* that the current evidence is *insufficient* to assess the balance of benefits and harms screening for chlamydial infection for men. (Clinical Considerations:
www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)

Colorectal Cancer

The AAFP *strongly recommends* screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risk and benefits of these screening methods vary. (Go to Rationale and Clinical Considerations:
<http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm>)

The AAFP *recommends against* routine screening for colorectal cancer in adults age 76 to 85 years. There may be considerations that support colorectal cancer screening in an individual patient. (Go to Rationale and Clinical Consideration:
<http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm>)

The AAFP *recommends against* screening for colorectal cancer in adults older than age 85 years. (Go to Rationale and Clinical Consideration:
<http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm>)

The AAFP *recommends against* the routine use of aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) to prevent colorectal cancer in individuals at average risk for colorectal cancer. (Clinical Considerations:
www.ahrq.gov/clinic/uspstf07/aspcolo/aspcolors.htm#clinical)

The AAFP *concludes that the evidence is insufficient* to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities for colorectal cancer. (Go to Rationale and Clinical Consideration:
<http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm>)

Congenital Hypothyroidism

The AAFP *strongly recommends* screening for congenital hypothyroidism (CH) in newborns. (Clinical Considerations:

<http://www.ahrq.gov/clinic/uspstf08/conhypo/conhyprs.htm#clinical>)

Congenital Rubella Syndrome

The AAFP *recommends* screening for congenital rubella syndrome by assuring rubella immunity by history, serology, or vaccination in women of childbearing potential.

Cardiovascular Disease, Aspirin for the Prevention of

The AAFP *strongly recommends* the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. (Clinical Considerations:

<http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical>)

The AAFP *strongly recommends* the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. (Clinical Considerations:

<http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical>)

The AAFP *recommends against* the use of aspirin for stroke prevention in women younger than 55 years and for myocardial infarction prevention in men younger than 45 years. (Clinical Considerations:

<http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical>)

The AAFP *concludes that the evidence is insufficient* to assess the benefits and harms of aspirin for cardiovascular disease prevention in men and women 80 years or older. (Clinical Considerations:

<http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical>)

Coronary Heart Disease

The AAFP *recommends against* routine screening with resting electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the prediction of coronary heart disease (CHD) events in adults at low risk for CHD events. (Clinical Considerations:

www.ahrq.gov/clinic/uspstf/uspacad.htm)

The AAFP found *insufficient evidence to recommend for or against* routine screening with ECG, ETT, EBCT scanning for coronary calcium for either the presence of severe CAS or the prediction of CHD events in adults at increased risk for CHD events. (Clinical Considerations:

www.ahrq.gov/clinic/uspstf/uspacad.htm)

Dental Caries

The AAFP *strongly recommends* ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply (less than 0.6 ppm).

Depression

The AAFP *recommends* screening adults for depression. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm#clinical)

The AAFP concludes that there is *insufficient evidence on which to make a recommendation for or against* routine screening of children or adolescents for depression. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm#clinical)

Diabetes, Type 2

The AAFP concludes that the current *evidence is insufficient* to assess the balance of benefits and harms of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80 mm Hg or lower. (Clinical Consideration: www.ahrq.gov/clinic/uspstf08/type2/type2rs.htm#clinical)

The AAFP *recommends* screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. (Clinical Consideration: www.ahrq.gov/clinic/uspstf08/type2/type2rs.htm#clinical)

Diphtheria

The AAFP *strongly recommends* immunizing all children for diphtheria using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html)

The AAFP *strongly recommends* immunizing adults for diphtheria by completing tetanus-diphtheria (Td) vaccine series if they haven't received primary series. Boosters every 10 years or at least at age 50. (Recommended Adult Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html)

Dysplasia (Developmental) of the Hip in Infants

The AAFP concludes that the *evidence is insufficient to recommend* routine screening for developmental dysplasia of the hip in infants as a means to prevent adverse outcomes. (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/hipdysp/hipdysrs.htm#clinical)

Family Violence and Intimate Partner Violence

The AAFP *recognizes* that all family physicians should be alert to physical and behavioral signs and symptoms associated with abuse or neglect. The AAFP concludes that the *evidence is insufficient to recommend for or against* screening of parents or guardians for the physical abuse or neglect of children, of adults or adolescents of either sex for intimate partner violence, or of older adults or their caregivers for elder abuse. (Clinical Considerations:

www.ahrq.gov/clinic/uspstf/uspstfamv.htm)

Genital Herpes Simplex Virus Infection

The AAFP *recommends against* routine serological screening for herpes simplex virus (HSV) in asymptomatic pregnant women at any time during pregnancy to prevent neonatal HSV infection. (Clinical Considerations:

www.ahrq.gov/clinic/uspstf05/herpes/herpesrs.htm#clinical)

The AAFP *recommends against* routine serological screening for herpes simplex virus in asymptomatic adolescents and adults. (Clinical Considerations:

www.ahrq.gov/clinic/uspstf05/herpes/herpesrs.htm#clinical)

Glaucoma

The AAFP found *insufficient evidence to recommend for or against* screening adults for glaucoma. (Clinical Considerations:

www.ahrq.gov/clinic/uspstf05/glaucoma/glaucrs.htm#clinical)

Gonococcal Infection in Neonates

The AAFP *strongly recommends* prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum. (Clinical Consideration:

www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)

Gonorrhea

The AAFP *recommends* that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors); see clinical consideration for further discussion of risk factors. (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)

The AAFP concludes there is *insufficient evidence to recommend for or against* routine screening for gonorrhea infection in men at increased risk for infection; see clinical consideration for further discussion of risk factors. (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)

The AAFP concludes there is *insufficient evidence to recommend for or against* screening for gonorrhea infection in pregnant women who are not at increased risk for infection; see clinical consideration for further discussion of risk factors. (Clinical Consideration:

www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)

The AAFP *recommends against* routine screening for gonorrhea infection in men and women who are at low risk for infection; see clinical consideration for further discussion of risk factors. (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)

Haemophilus Influenza Type B Disease

The AAFP *strongly recommends* immunizing all children for *Haemophilus influenzae* type b disease using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html)

Healthy Diet

The AAFP *recommends* intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care physicians or by other qualified professionals including dietitians and nutritionists. (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/diet/dietrr.htm#clinical)

Hearing Difficulties

The AAFP *recommends* screening for hearing difficulties by questioning elderly adults about hearing impairment and counsel regarding the availability of treatment when appropriate. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspshear.htm)

Hearing Loss Sensorineural (SNHL)

The AAFP *recommends* screening for hearing loss in all newborn infants. (Clinical Consideration: www.ahrq.gov/clinic/3rduspstf/newbornscreen/newhearrr.htm#section2)

Hemochromatosis

The AAFP *recommends against* routine genetic screening for hereditary hemochromatosis in the asymptomatic general population. (Clinical Considerations: <http://www.ahrq.gov/clinic/uspstf06/hemochromatosis/hemochrs.htm>)

Hemoglobinopathies

The AAFP *strongly recommends* ordering screening tests for phenylketonuria (PKU), hemoglobinopathies, and thyroid function abnormalities in neonates.

Hepatitis A

The AAFP *recommends* immunizing adults for hepatitis A who live, work, or travel in areas where hepatitis A is endemic and periodic outbreaks occur, or users of injection or street drugs, military personnel, men who have sex with men, and institutionalized persons and those working in those institutions. (Recommended

Adult Immunization Schedule:

www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *strongly recommends* immunizing children for hepatitis A who are more than 2 years of age and all adolescents who are living in, traveling to, or working in areas where hepatitis A is endemic and periodic outbreaks occur. Immunize using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule:

www.aafp.org/online/en/home/clinical/immunizationres.html).

Hepatitis B

The AAFP *strongly recommends* immunizing infants and children who are unimmunized at age 11 to 12 for hepatitis B using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule:

www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *strongly recommends* immunizing persons for hepatitis B who are injection drug users and their sexual partners, have a history of multiple sexual partners in a previous 6 months, have recently acquired a sexually transmitted disease, are recipients of certain drug products, have a health related job with frequent exposure to blood or blood products, are travelers to countries where hepatitis B virus (HBV) is of high or intermediate endemicity, or who are men who have sex with men. Complete primary series. (Recommended Adult Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *recommends* immunizing for hepatitis B unimmunized persons age 12 to 24 years with no reliable history of hepatitis B infection or previous immunization. Discuss immunization using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule:

www.aafp.org/online/en/home/clinical/immunizationres.html).

Hepatitis B Virus Infection

The AAFP *strongly recommends* screening for HBV infection in pregnant women at their first prenatal visit. (Clinical Consideration:

www.ahrq.gov/clinic/uspstf/uspshhepb.htm)

The AAFP *recommends against* routinely screening the general asymptomatic population for chronic HBV infection. (Clinical Consideration:

www.ahrq.gov/clinic/uspstf/uspshhepb.htm)

Hepatitis C Virus (HCV)

The AAFP *recommends against* routine screening for HCV infection in asymptomatic adults who are not at increased risk (general population) for infection. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspshhepc.htm)

The AAFP found *insufficient evidence to recommend for or against* routine screening for HCV infection in adults at high risk for infection. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspshhepc.htm)

High Blood Pressure

The AAFP *strongly recommends* screening for high blood pressure in adults aged 18 and older. (Clinical Consideration: www.ahrq.gov/clinic/uspstf07/hbp/hbprs.htm#clinical)

Human Immunodeficiency Virus (HIV) Infection

The AAFP *strongly recommends* that physicians screen for HIV infection all adolescents and adults at increased risk for HIV infection. (Go to Clinical Considerations for discussion of risk factors: <http://www.ahrq.gov/clinic/uspstf05/hiv/hivrs.htm>) Also See: HIV Policy Statement (August 2006)

The AAFP *recommends* that clinicians screen all pregnant women for HIV. (Clinical Considerations: <http://www.ahrq.gov/clinic/uspstf05/hiv/hivrs.htm>) Also See: HIV Policy Statement (August 2006)

The AAFP *makes no recommendation for or against* routinely screening for HIV in adolescents and adults who are not at increased risk for HIV infections. (Go to Clinical Considerations for discussion of risk factors: <http://www.ahrq.gov/clinic/uspstf05/hiv/hivrs.htm>) Also See: HIV Policy Statement (August 2006)

Hormone Replacement Therapy

The AAFP *recommends against* the routine use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/ht/htpostmenrs.htm#clinical)

The AAFP *recommends against* the routine use of unopposed estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy. (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/ht/htpostmenrs.htm#clinical)

Hypertension

The AAFP concludes that the *evidence is insufficient to recommend for or against* routine screening for high blood pressure in children and adolescents to reduce the risk of cardiovascular disease. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspshype.htm)

Illicit Drug Use

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/druguse/drugrs.htm#clinical)

Influenza

The AAFP *recommends* immunizing children and adolescents age 6 months or older for influenza who are residents of chronic care facilities, or who have chronic cardiopulmonary disorders, metabolic disease including diabetes mellitus, hemoglobinopathies, immunosuppression, or renal dysfunction for influenza. Discuss immunizing annually using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule:

www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *recommends* immunizing adults for influenza who are residents of chronic care facilities, or suffer from chronic cardiopulmonary disorders, metabolic disease (including diabetes mellitus), hemoglobinopathies, immunosuppression, renal dysfunction, or are health care providers for the above. Discuss immunization annually using AAFP recommendations. (Recommended Adult Immunization Schedule:

www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *recommends* immunizing all persons age 50 years and older for influenza. Discuss immunization annually using AAFP recommendations. (Recommended Adult Immunization Schedule:

www.aafp.org/online/en/home/clinical/immunizationres.html).

Insulin Dependent Diabetes Mellitus

The AAFP *recommends against* the use of immune marker screening for insulin dependent diabetes mellitus in asymptomatic persons.

Iron Deficiency Anemia

The AAFP *recommends* routine screening for iron deficiency anemia in asymptomatic pregnant women. (Clinical Considerations:

www.ahrq.gov/clinic/uspstf06/ironsc/ironrs.htm#clinical)

The AAFP concludes that the *evidence is insufficient to recommend for or against* routine screening for iron deficiency anemia in asymptomatic children aged 6 to 12 months. (Clinical Considerations:

www.ahrq.gov/clinic/uspstf06/ironsc/ironrs.htm#clinical)

Lead Poisoning

The AAFP concludes *that evidence is insufficient to recommend for or against* routine screening for elevated blood lead levels in asymptomatic children aged 1 to 5 years who are at increased risk. (Clinical Considerations:

www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical)

The AAFP *recommends against* routine screening for elevated blood levels in asymptomatic pregnant women. (Clinical Considerations:

www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical)

The AAFP *recommends against* routine screening for elevated blood levels in asymptomatic children aged 1 to 5 years who are at average risk. (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical)

Lipid Disorders

The AAFP *strongly recommends* screening men aged 35 and older for lipid disorders (Clinical Considerations:

www.ahrq.gov/clinic/uspstf08/lipid/lipidrs.htm#clinical)

The AAFP *strongly recommends* screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/lipid/lipidrs.htm#clinical)

The AAFP *recommends* screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/lipid/lipidrs.htm#clinical)

The AAFP *recommends* screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/lipid/lipidrs.htm#clinical)

The AAFP *makes no recommendation for or against* routine screening for lipid disorders in men aged 20 to 35, or in women aged 20 and older who are not at increased risk for coronary heart disease. (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/lipid/lipidrs.htm#clinical)

Lung Cancer

The AAFP *recommends against* the use of chest x-ray and/or sputum cytology in asymptomatic persons for lung cancer screening. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspplung.htm)

Measles

The AAFP *strongly recommends* immunizing all children for measles using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

Measles, Mumps, Rubella

The AAFP *strongly recommends* immunizing all persons born after 1956 who lack evidence of immunity to measles (receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles) with a single dose for measles, mumps, and rubella. (Recommended Adult Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *strongly recommends* immunizing adolescents and young adults in settings where such individuals congregate (e.g., high schools, technical schools, and colleges), if they have not previously received a second dose for measles, mumps, and rubella. Give second dose at least 1 month after first dose. (Recommended Adult Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

Mumps

The AAFP *strongly recommends* immunizing all children for mumps using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule:

www.aafp.org/online/en/home/clinical/immunizationres.html).

Meningococcus, Conjugate Vaccine (Adolescents)

The AAFP *recommends* routine vaccination of adolescents: young adolescents at a pre-adolescent visit (11 to 12 years old); adolescents at high school entry (15 years old) for those who have not previously received MCV4; and other adolescents who wish to decrease their risk of meningococcal disease. (AAFP Clinical Recommendations for Immunizations:

www.aafp.org/online/en/home/clinical/immunizationres.html).

Meningococcus, Conjugate Vaccine

The AAFP *recommends* for routine vaccination of other populations at increased risk of meningococcal disease: college freshman living in dormitories; microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*; military recruits; persons who travel to or reside in countries in which *N. meningitidis* is hyperendemic or epidemic, particularly if contact with local population will be prolonged; persons who have terminal complement component deficiencies, and those who have anatomic or functional asplenia; and other adolescents, college students, and HIV patients who wish to decrease their risk of meningococcal disease. (AAFP Clinical Recommendations for Immunizations: www.aafp.org/online/en/home/clinical/immunizationres.html).

Neural Tube Defects

The AAFP *strongly recommends* prescribing 0.4 to 0.8 mg/day of folic acid supplementation from at least 1 month prior to conception through the first trimester of pregnancy to women planning to become pregnant who have not had a previous pregnancy affected by a neural tube defect.

The AAFP *recommends* prescribing 0.4 mg folate supplementation to women not planning a pregnancy but of childbearing potential who have not previously had a baby with a neural tube defect.

The AAFP *strongly recommends* prescribing 4 mg/day of folic acid supplementation from 1 to 3 months prior to conception through the first trimester of pregnancy to women who are planning a pregnancy and had a previous pregnancy affected by a neural tube defect.

Obesity

The AAFP *recommends* that family physicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Intensive counseling involves more than one session

per month for at least 3 months. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspsoebes.htm)

Optimal weight management in children and adolescents is *desirable*. The effectiveness of screening and counseling for overweight is uncertain. (Clinical Considerations: <http://www.ahrq.gov/clinic/uspstf/uspsoebch.htm>)

Oral Cancer

The AAFP concludes that the evidence is *insufficient to recommend for or against* routinely screening adults for oral cancer. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspsooral.htm)

Osteoporosis

The AAFP *recommends* routinely screening women aged 65 and older for osteoporosis. (Clinical Considerations: <http://www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#clinical>)

The AAFP *recommends* routinely screening women aged 60 and older at increased risk for osteoporotic fractures. (Clinical Considerations; <http://www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#clinical>)

The AAFP *recommends* counseling females age 11 and older to maintain adequate calcium intake to prevent osteoporosis.

Ovarian Cancer

The AAFP *recommends against* routine screening for ovarian cancer. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsovar.htm)

Ovarian Cancer/BRCA Mutation Testing

The AAFP *recommends* that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)

The AAFP *recommends against* routine referral for genetic counseling or routine breast cancer susceptibility gene (BRCA) testing for women whose family history is not associated with increased risk for deleterious mutations in breast cancer susceptibility gene 1 (BRCA1) or breast cancer susceptibility gene 2 (BRCA2). (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)

Pancreatic Cancer

The AAFP *recommends against* routine screening for pancreatic cancer in asymptomatic adults using abdominal palpation, ultrasonography, or serologic markers. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspspanc.htm)

Peripheral Arterial Disease

The AAFP *recommends against* routine screening for peripheral arterial disease (PAD). (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/pad/padrs.htm#clinical)

Pertussis

The AAFP *strongly recommends* immunizing all children for pertussis using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

Phenylketonuria

The AAFP *strongly recommends* ordering screening test for phenylketonuria (PKU) in newborns. (Clinical Considerations: <http://www.ahrq.gov/clinic/uspstf08/pku/pkurs.htm#clinical>)

Physical Activity

The AAFP *recognizes* that regular physical activity is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssphys.htm)

Pneumococcal Disease

The AAFP *strongly recommends* immunizing all children less than 24 months for pneumococcal disease using pneumococcal conjugate vaccine. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *strongly recommends* immunizing healthy children living where pneumococcal disease is endemic using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *strongly recommends* immunizing children less than 60 months with sickle cell, HIV, functional or anatomic asplenia, immunocompromising conditions, and chronic illness, and children who are African Americans, Alaskan Natives, and American Indians using pneumococcal conjugate vaccine. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *recommends* immunizing children and adolescents with chronic cardiac or pulmonary disease, diabetes mellitus, or anatomic asplenia or who live in special environments or social settings with an identified increased risk of pneumococcal disease. Discuss immunizing using AAFP recommendation. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *recommends* immunizing institutionalized adults (age 50 years or older) or any adult with chronic cardiac or pulmonary disease, diabetes mellitus, anatomic asplenia, or who live in special environments or social settings with an increased risk of pneumococcal disease (e.g., certain Native American or Native Alaskan populations). Discuss immunization using AAFP recommendations. (Recommended Adult Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *recommends* immunizing adults age 65 years or older for pneumococcal disease. Discuss immunization using AAFP recommendations. (Recommended Adult Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *makes no recommendation either for or against* pneumococcal conjugate immunization in children aged 24 to 59 months, including those children who attend childcare settings and children who had frequent or complicated acute otitis media in the previous year. As a practice option, discuss pneumococcal conjugate immunization. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

Poliomyelitis

The AAFP *strongly recommends* immunizing all children for poliomyelitis using AAFP recommendations unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

Prostate Cancer

The AAFP concludes that the current evidence is *insufficient* to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf08/prostate/prostaters.htm#clinical>)

The AAFP *recommends against* screening for prostate cancer in men age 75 years or older. (Clinical Consideration: www.ahrq.gov/clinic/uspstf08/prostate/prostaters.htm#clinical)

Pulmonary Chronic Obstructive Disease

The AAFP *recommends against* screening asymptomatic adults for chronic obstructive pulmonary disease (COPD) using spirometry. (Clinical Consideration: <http://www.ahrq.gov/clinic/uspstf08/copd/copdrs.htm#clinical>)

Rh (D) Incompatibility

The AAFP *strongly recommends* Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspdrhi.htm)

The AAFP *recommends* repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspssdrhi.htm)

Rubella

The AAFP *strongly recommends* immunizing all children for rubella using AAFP recommendation unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

Scoliosis, Idiopathic in Adolescents

The AAFP *recommends against* the routine screening of asymptomatic adolescents for idiopathic scoliosis. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssaisc.htm)

Second Hand Smoke

The AAFP *strongly recommends* to counsel smoking parents with children in the house regarding the harmful effects of smoking and children's health.

Sickle Cell Disease

The AAFP *strongly recommends* screening for sickle cell disease in all newborns. (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/sicklecell/sicklers.htm#clinical)

Skin Cancer

The AAFP concludes there is *insufficient evidence* on which to make a recommendation for or against routine screening for skin cancer in asymptomatic persons. (Clinical Considerations: <http://www.ahrq.gov/clinic/uspstf/uspsskca.htm>)

Speech and Language Delay in Preschool Children

The AAFP concludes that *the evidence is insufficient to recommend for or against* routine use of brief, formal screening instruments in primary care to detect speech and language delay in children up to 5 years of age. (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/speech/speechrs.htm#clinical)

Syphilis

The AAFP *strongly recommends* that clinicians screen persons at increased risk for syphilis infection. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsssyph.htm)

The AAFP *strongly recommends* that clinicians screen all pregnant women for syphilis infection. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsssyph.htm)

The AAFP *recommends against* routine screening of asymptomatic persons who are not at increased risk for syphilis infection. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssyph.htm)

Testicular Cancer

The AAFP *recommends against* routine screening for testicular cancer in asymptomatic adolescents and adult males. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspstest.htm)

Tetanus

The AAFP *strongly recommends* immunizing all children for tetanus using AAFP recommendation unless contraindicated. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *strongly recommends* immunizing adults for tetanus by completing the Td vaccine series if primary series hasn't been received. Boosters should be given every 10 years or at least at age 50. (Recommended Adult Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

Thyroid Cancer

The AAFP *recommends against* the use of ultrasound screening for thyroid cancer in asymptomatic persons. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsthca.htm)

Thyroid Disease

The AAFP concludes that the evidence is *insufficient to recommend for or against* routine screening for thyroid disease in adults. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspsthyr.htm)

Thyroid Function Abnormalities

The AAFP *strongly recommends* ordering screening test for thyroid function abnormalities in neonates.

Tobacco Use

The AAFP *strongly recommends* that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspstbac.htm)

The AAFP *strongly recommends* that clinicians screen all pregnant women for tobacco use and provide 5 to 15 minutes of smoking cessation counseling using messages and self-help materials tailored for pregnant smokers. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspstbac.htm)

The AAFP *recognizes* avoidance of tobacco products by children and adolescents is desirable. The effectiveness of physician advice and counseling in this area is uncertain. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspstbac.htm)

Tuberculosis

The AAFP *strongly recommends* screening for tuberculosis (TB) by applying the Mantoux test to patients at high risk for tuberculosis, including those with close contacts to person with known or suspected TB, health care workers, immigrants from countries with high TB prevalence, HIV positive individuals, alcoholics, injection drug users, residents of long term care facilities, and medically underserved low income people.

Vaginal Cancer

The AAFP *recommends against* screening for vaginal cancer with the use of Pap smears in women who have had hysterectomies for reasons other than cancer.

Varicella

The AAFP *strongly recommends* immunizing healthy infants age 12 to 18 months for varicella using AAFP recommendation. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *strongly recommends* immunizing for varicella unimmunized children and adolescents with no reliable history of varicella infection or previous immunization and to consider serologic testing instead of immediate immunization in history negative adolescents if able to comply if return visit needed using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *strongly recommends* immunizing children and adolescents for varicella who are unimmunized or have no history of prior infection and who have been exposed to varicella in the last 3 to 5 days. Immunize using AAFP recommendations. (Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *strongly recommends* immunizing adults for varicella who are unimmunized or have no history of prior infection and who have been exposed to varicella in the last 3 to 5 days. Immunize using AAFP recommendations. (Recommended Adult Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

The AAFP *recommends* immunizing adults for varicella with no history of varicella or previous vaccination. Discuss immunization using AAFP recommendations. (Recommended Adult Immunization Schedule: www.aafp.org/online/en/home/clinical/immunizationres.html).

Visual Impairment

The AAFP *recommends* screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsvsch.htm)

Visual Difficulties

The AAFP *recommends* screening for visual difficulties in elderly adults by performing Snellen acuity testing. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsvisi.htm)

Vitamin Supplementation

The AAFP concludes that the evidence is *insufficient to recommend for or against* the use of supplements of vitamins A, C, or E; multivitamins with folic acid; or antioxidant combinations for the prevention of cancer or cardiovascular disease. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsvita.htm)

The AAFP *recommends against* the use of beta-carotene supplements, either alone or in combination, for the prevention of cancer or cardiovascular disease. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsvita.htm)

Definitions:

The strength of the recommendation for or against a preventive intervention was graded as follows:

Strongly Recommend: Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

Recommend: Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only fair. The intervention is perceived to be cost effective and acceptable to most patients.

No Recommendation Either For or Against: Either good or fair evidence exists of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

Recommend Against: Good or fair evidence which demonstrates no net benefit over harm.

Insufficient Evidence to Recommend Either For or Against: No evidence of even fair quality exists or the existing evidence is conflicting.

Healthy Behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The recommendations are based on review of scientific knowledge presented by the United States Preventive Services Task Force (USPSTF) in the "Guide to Clinical Preventive Services," 2nd ed. Baltimore (MD): Williams & Wilkins, 1996 and ongoing releases of evidence reports and recommendations from the 3rd edition.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Health maintenance and disease prevention

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- Physicians are encouraged to review not only the needs of individual patients they see, but also of the populations in the communities they serve to determine which specific population recommendations need to be implemented systematically in their practices. The recommendations contained in this document are for screening and counseling only. They do not necessarily apply to patients who have signs and/or symptoms relating to a particular condition.
- These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Revision 6.8. Leawood (KS): American Academy of Family Physicians (AAFP); 2009 Apr. 15 p.

ADAPTATION

The starting point for the recommendations is the rigorous analysis of scientific knowledge available as presented by the United States Preventive Services Task Force (USPSTF) in their Guide to Clinical Preventive Services, 2nd Edition and ongoing releases of evidence reports and recommendations from the 3rd Edition.

DATE RELEASED

1996 Nov (revised 2009 Apr)

GUIDELINE DEVELOPER(S)

American Academy of Family Physicians - Medical Specialty Society

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American Academy of Family Physicians (AAFP)

GUIDELINE COMMITTEE

Commission on Clinical Policies and Research
Working Group on Clinical Preventive Services

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Revision 6.7. Leawood (KS): American Academy of Family Physicians (AAFP); 2008 Oct. 15 p.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [American Academy of Family Physicians \(AAFP\) Web site](#).

Print copies: Available from the American Academy of Family Physicians, 11400 Tomahawk Creek Parkway, Leawood, KS 66211.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

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